

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Clark et al.	Group No: 3771
Application No: 10/627,591	Examiner: Douglas, Steven O
Confirmation No. 2973	Attorney Docket No: 53229-US-CNT[2] (0029.10)
Filed: July 25, 2003	February 19, 2009
Title: AEROSOLIZED ACTIVE AGENT DELIVERY	San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Via EFS	Extension (Months)	Extension Fee
<input checked="" type="checkbox"/> Response to Final Office Action		Large Entity Small Entity
<input type="checkbox"/> Comments on Statement of Reasons for Allowance	<input type="checkbox"/> One Month	\$130.00 \$65.00
<input type="checkbox"/> Notice of Appeal (form PTO/SB31)	<input type="checkbox"/> Two Months	\$490.00 \$245.00
<input type="checkbox"/> Drawings	<input type="checkbox"/> Three Months	\$1,110.00 \$555.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 0.00	
<input type="checkbox"/> PTO-SB08 Form	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	
<input type="checkbox"/> Citations		
<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Postcard for Return		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	28	30	0	\$52.00	\$26.00	\$0.00
Independent Claims	5	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fee	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ <u>0.00</u> .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically filed, on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>February 19, 2009</u> Melanie Hitchcock		Respectfully Submitted, By: <u>Guy V. Tucker</u> Date: <u>February 19, 2009</u> Guy V. Tucker Registration No. 45,302	